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ORIGINAL DEPARTMENT.

Lectures.

A LECTURE ON THE TEMPERAMENTS: THEIR INFLUENCE UPON MENTALITY AND DISEASE IN GENERAL.

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The doctrine of the temperaments, or *crases*, was taught at a very early period of medical history. HIPPOCRATES appears to have been the first who described them in order, and gave them an enduring place on the page of medical science. He supposed that the condition of the animal frame was chiefly influenced by the nature and proportion of its radical fluids, at least far more so than by those of its solids. The radical fluids he conceived to be four, the elementary materials of which were furnished by the stomach, as the common receptacle of the food; but each of which is dependent upon a peculiar organ for its specific production or secretion. Thus, the *bilious temperament* he apprehended to be caused by a surplus of yellow bile, and dependent on the action of the liver, the *melancholic temperament* by a surplus of black bile, and dependent upon the action of the spleen; the *sanguineous temperament* by a surplus of blood, and dependent upon the action of the heart; and the *phlegmatic temperament* by a surplus of lymph, or fine watery fluid, dependent upon the action of the brain.

This classification of the various temperaments has been in favor with physiologists until almost the present hour. Notwithstanding all the changes that have taken place in the sciences of physiology and anatomy, it is still the great foundation upon which alone we must build our system of the human temperaments. And when we use the word temperament, we desire to be understood as simply speaking of the consititutional differences between individuals, or the differences that are observed between men, which are dependent upon the relative predominance in each, of their organic system. For all practical purposes, the various temperaments may then be classed as follows: 1st, the lymphatic; 2d, the sanguine; 3d, the nervous; and 4th, the bilious. We shall describe each of these temperaments particularly for two reasons; *first*, because they are very imperfectly described by our standard writers on the principles and practice of medicine; and *second*, because an accurate knowledge of them is useful in making out a diagnosis and prognosis of nearly every case of disease that you may be called upon to treat.

I. The Lymphatic Temperament.

On a careful inspection of the physical conformation of those who possess this temperament, you will find that the proportion of fluids is too considerable for the solids, or in other words, the excretory system, which separates them from the great mass of the blood, is in special activity; and the result is that the body obtains an increased bulk from the repletion of the cellular tissues. Hence the fleshy parts are soft, and the temperament is one of comparative dulness, inactivity, and debility.

Of those who possess this temperament, the stature is rarely lofty or athletic. The complexion is light, but instead of being delicately or brilliantly fair, its whiteness is dull and deadlike, indicating a deficiency of the red corpuscles in the blood, and a languid and scanty circulation of the blood through the skin. The eyes are usually blue, but sometimes gray and hazel. The hair is light, soft, and sometimes flowing. The expression of the countenance is deficient alike in vivacity and strength. The movements of the body are slow and ungraceful.

Individuals of the lymphatic temperament seldom accomplish much in this driving world of ours. They lack constitutional vigor, which is universally attended with a want of mental vivacity and power. But it would be incorrect to attribute intellectual imbecility and apathy as belonging exclusively to this temperament, for where the sensitive apparatus is well developed in the individual, they sometimes possess as great energy of the intellectual faculties as persons of the other constitutions, and may be endowed with very strong passions. But strength is wanting to enable them to turn these faculties to a

useful account; intellectual labor wearies them, and the indulgence of the passions destroys them.

This temperament is not unfrequently found very marked in childhood, even in those whose antecedents would lead us to predict for them a full and predominating measure of some one or more of the other constitutions. The continuation of this temperament in such is generally limited by the age of puberty, when it is almost imperceptibly merged into some of the other habits. Again there are others, in whom a strong predisposition to this temperament is inherent and in whom it ultimately predominates. Let these same persons, thus predisposed, pass an active and stirring childhood and youth, and a busy active manhood, and this temperament will remain latent and undeveloped until the approaching weaknesses and infirmities of age cause them to relax in their efforts for gain, to live more at ease upon the earnings of their earlier years, and to pay more attention to the demands of their failing physical frames, then the temperament becomes fully developed, and the individual assumes the magnitude and dimensions of a modern London alderman.

But when a young person, predisposed to this temperament, gratifies it in its demands for ease and indolence, and at the same time places no check upon his appetite, but eats, drinks, sleeps, and is merry; avoids active exercise as much as possible, and cherishes his ease-loving and indolent propensities; becomes gross, fat, and sensual, he may expect to reap as a harvest for his indulgence, among other things, a sensual and grovelling mind, incapable of high mental emotions, or long continued exertions, a gross, unsightly, and unwieldy body, keenly alive to the slightest changes of temperature, exceedingly predisposed to attacks of gout, rheumatism, asthma, fever, apoplexy, cancer, and tuberculosis.

Persons of this temperament are poor subjects for surgical operations. Indeed, all grave injuries and maladies sweep them off with the besom of destruction. They appear to have no vitality to resist the ravages of disease. They speedily succumb to cholera, typhoid fever, diphtheria, and scarlatina. In the two first diseases, I never look for the patient's recovery, if he be a subject of the lymphatic temperament; in the two latter they may sometimes, but I never make a favorable prognosis. Several years since, I was invited by the lamented Dr. W. Cochran, of Darlington, Beaver county, Pa., to see some patients of his, suffering with scarlatina. We entered one house, where three little children were afflicted with the disease. After we had examined the patients and retired, the Doctor appeared quite astonished, when I told him I thought he would lose them all, for he considered them the most favorable cases he had under treatment. They were all of a highly lymphatic temperament. My prognosis was correct.

Individuals of this temperament are peculiarly obnoxious to pyæmia. Their blood appears to be so wanting in vitality, that the slighest causes will sometimes render it so purulent that it is unfit to carry on the healthy nutrition of the various tissues of the body. Hence the prick of a needle, the scratch of a pin, or the sting of a bee, which in other persons only produce momentary inconvenience, may in this state of the system induce fatal consequences. The reparative process is very feeble in individuals of this temperament, and when they do not succumb to the primary shock of an extensive injury or a capital surgical operation, they subsequently perish from the want of power in the system to heal such mutations. In making out the prognosis of any disease, we would always do well not to leave out of our account the patient's temperament.

II. The Sanguine Temperament.

This temperament differs very widely from that first described. All here is life and activity. The complexion is fair and ruddy. The skin is amply supplied with good blood. The eyes are commonly gray, blue, or light hazel. The hair is yellowish, flaxen, or auburn, and sometimes sandy and red. The countenance is usually sprightly and cheerful. The temper, though varied, is rarely ever gloomy, dull, or morose. All things are in the spring-time to it. A fulness of life, with something of levity and thoughtlessness, rather than strength and steadiness, characterizes this temperament. Persons possessing it are seldom masterly or profound. They are pleasant companions, but are better fitted to accompany, or follow and execute, than to lead and command.

Notwithstanding persons of this temperament usually want mental daring, yet among them may be found individuals of the greatest perfection of body to which man ever attains. But as in this world our Creator has wisely set one thing over against another, so he has made the most perfect machinery most subject to derangement. This temperament strongly predisposes to all inflammatory diseases and hæmorrhages, such as epistaxis, hæmoptysis, hæmatemesis, and hæmaturesis.

The sanguine temperament is not commonly

fully developed till the system closely approaches or, in fact, arrives at maturity; for previous to that time, the blood goes to the nourishment and growth of the body; but after this, there being not so great consumption of the vital fluid, it may accumulate in the blood-vessels, and produce annoying and fatal congestions. If an individual of this temperament indulges freely in the pleasures of the table, and uses alcoholic stimulants freely, he may expect to suffer some acute disease or die suddenly with some complicated brain trouble. And if this temperament is combined with the nervous, which renders an individual irritable and irascible, his danger is many fold increased. Persons thus constituted, seldom live to old age, being cut off by their own imprudence, or by the turbulence of their own passions, in the vigor of manhood.

But we sometimes meet with individuals who have a temperament directly the opposite of this. It has been called by some writers the *ex-sanguine* or *anæmic* temperament. They have the general physical formation of body that belongs to the sanguineous temperament, but their vital forces are so feeble, and their digestive organs so weak that blood is not elaborated in sufficient quantities to supply the wants of the various organs of the body. Hence the flesh is thin, the muscles are soft, the skin pale and ash-colored; all prolonged exercise of body or mind is insupportable. This class of persons are only possessed of some energy during their youth; they are unfit for the arduous duties of life; they wither prematurely; and if they are so unfortunate as to marry and become parents, their children commonly die in infancy, or are raised with extreme difficulty.

It is to individuals of this temperament that pulmonary tuberculosis proves so fatal. In the country we seldom meet with persons of this temperament. It is in large towns and cities where it most abounds, particularly where the sanitary conditions of the people are neglected, and vice prevails. The remedy for this, is to change as far as possible the individual's surroundings, adopt the anti-starvation system of living; and instead of an abstemious diet, let it be rather profuse than otherwise. In fact, a plan of living directly the reverse of what would be proper for the sanguineous, practised with liberality, and carried far enough to meet the entire wants of the case, is the one indicated by sound philosophy.

III. The Nervous Temperament.

This temperament is less definitely marked, and therefore more difficult to describe than either the lymphatic or sanguine. The complexion, instead of being fair, transparent, or ruddy, or white, is light, delicate, and pearly. The hair, eye-brows, and eyes, are more frequently dark than light-colored. The sensibility is vivid and deep; the looks and expressions have a keenness inclining to intensity. The attention, though capable of rapid transition, is, while directed to anything, unwavering and close, and the movements are generally lively and quick. The frame is rarely of large dimensions, and the person is usually inclined to be spare. The manifestations, both mental and corporeal, bespeak a fitness for rapid and delicate action, rather than for great muscular strength.

Your observation will soon teach you that this temperament is favorable to thought and feeling. It is, so to speak, a mental intensifier. It develops and renders acute all our mental faculties. It gives to the artisan delicacy and beauty of touch and finish; to the professional man feeling, sympathy, and susceptibility; to the poet restlessness, intensity, and brilliancy: and to the orator vividness, splendor, and refinement of thought, word, and gesture. It is said that Lord BYRON possessed this temperament in an exalted degree. His poetry abounds in passages which express the language of this mental intensifier or temperament. Here is one of them:

"Could I embody and unbosom now
That which is most within me—could I wreak
My thoughts upon expression, and thus throw
Soul, heart, mind, passions, feelings strong or weak,
All that I have sought and all I seek,
Bear, know, feel, and yet breathe—into one word,
And that one word were LIGHTNING, I would speak!
But as it is, I live and die unheeded,
With a most voiceless thought, sheathing it as a sword!"

The nervous temperament preponderates very largely in our national character. It gives that quickness and susceptibility to new ideas and impressions, which so remarkably distinguish our people from any other on the globe. Indeed, it gives us the key to the wonderful progress of our republican institutions. Everything in this country must be done at once, and quickly, there is no time for delay; everything that moves must move with lightning speed. In this there is a striking contrast between the American people and Europeans. In the latter the lymphatic and sanguine temperaments predominate. They are slow and sure.

Our people are the fastest that have existed on the face of the globe since the beginning of time. This we believe is in a great measure due to the predominance of the nervous temperament. Notwithstanding all our sins, both of omission and commission, civilization is to day further ad-

vanced in the United States than any other country in the world. In many respects it is the oldest nation on earth.

It is the preponderance of this temperament that gives the American people that peculiar mentality which enables them to comprehend every subject that proposes the advancement of society, and readily to advise means for appropriating the improvement to their own benefit. If you doubt this, look at the improvements that have been made in our mechanical and agricultural implements. Look at the steamboats ploughing all our navigable streams; see the canals, railroads, and lightning-wires belting the continent, and even connecting continents—and the country only about two hundred years ago an unbroken wilderness, the abode of the wild and untutored Indian! The great danger is we move too fast, and unless we slacken our speed, and become more cautious, we will break down, and fearfully jeopardize the perpetuity and glory of our republican institutions.

The great rebellion that has just closed was precipitated upon the nation, in a great measure, by the high nervous temperament of the southern people, particularly their leaders. No living man has a more marked development of this temperament than Jeff. Davis, indeed it has been the bane of his existence.

Individuals of this temperament are more prone to acute than chronic diseases. The slighter causes of disease affect them more readily than others. Thus a shock or accident sufficient to cause a trifling illness in the lymphatic, will in them often produce fatal illness. Persons of the nervous temperament are usually more subject to convulsive difficulties than others, and the influence of the habit is also frequently very obvious in the temper, showing itself in petulance, ill-nature, and all the petty, rankling passions that agitate the human breast, and renders the individual and all his friends most miserable.

This peculiar manifestation of the nervous temperament is very unpleasant when encountered, as it often is, in the every-day practice of the physician. And it requires the patience of a saint to keep one's equilibrium, and endure the petulance of those who are often but patients in name. The wonderful sympathy that exists between all the various organs of the body is greatly intensified by this constitution; hence disorders, denominated sympathetic, are more severe in this temperament, and assume almost a Protean form. This is especially the case in *hysteria*, where the most eccentric phenomena are manifested, that ever fall to our lot to contemplate. They are, no doubt, many of them due to the predominance and activity of this temperament.

IV. The Bilious Temperament.

This presents a character far different from any that we have described. It can boast of nothing fair or ruddy, soft or delicate. Every feature of it is masculine and staunch, and their combination indicates rigidity, sternness, strength, and power. The complexion is brown or olive, according to the influence of climate and exposure. The hair is black, strong, coarse, and sometimes curly and bushy; the eyes are dark and lustrous, and the expression of the countenance is resolute and manly. The person, though never full in flesh, is highly muscular. The stature is rather tall, and the frame is close built and sinewy.

The temper of individuals of this temperament is commonly abrupt, impetuous, and violent. When their mental organs are large and well-formed, they manifest great vigor in the conception of a project, steadiness and inflexibility in pursuing it, and indefatigable perseverance in its execution. It is to this temperament we are to refer the men who at different periods of time have seized the government of the world; hurried forward by courage, audacity, and activity, they have signalized themselves by great virtues, or by great crimes, and become the terror or the admiration of the world.

Persons of this temperament are very liable to suffer from derangements of the biliary organs, such as congestion, inflammation and fluxes, which produce indigestion, with frequent eructations, acid bilious flatus, and great depression of spirits. A decided bilious habit was so intimately associated with sadness, that ancient authors called it the melancholic temperament. There cannot be the least doubt but a deranged condition of the biliary functions, is almost always associated with low spirits or hyprochondria, and each has, in its turn, been assigned as the cause of the other.

The symptoms between the digestive apparatus, (including the biliary organs—the liver,) and the brain are so intimate, that there is often an impossibility of deciding which is primarily affected; still the result is the same: namely, melancholy, hypochondria or depression of spirits. Insanity is more intimately associated with this temperament than any of the others, and being in a great measure hereditary, it may be transmitted to the remotest generations, unless the succession is interrupted by intermarriages.

In studying the temperaments as now described, you will not always find the line of demarkation so very clear in all cases; or the dis-

tinctive and peculiar features so prominent. On the contrary, they are so blended and combined, that they form a compound temperament—a union of two or more, with characteristics proper to each. Thus the sanguine may combine with the lymphatic, forming the lymphatico-sanguineous temperament, very properly called by some, the vital temperament. Individuals who have it, are throughout their life loaded with blood and lymph; their body is soft and awkward in its movements, though possessing strength and heat. Their viscera are always engorged, their mucous membranes secrete freely, and their lymphatic ganglions are more defined than in the other temperaments. This is the most usual temperament of children; and among adults of women, who recede less than men from the physical characteristics of early life.

Again, the nervous temperament may be associated with the sanguine, forming the nervo-sanguineous temperament, but it is more commonly joined with the bilious. A combination of the temperaments is more difficult to deal with, when disease occurs, where the features of each are well marked, than when only one exists—just as the offspring of the lion and tiger is the most ferocious and untamable of all beasts, uniting the savage ferocity of the one, with the strength and royal independence of the other.

Communications.

HOUR GLASS CONTRACTION OF THE UTERUS.

By G. H. Miner, M.D.,

Of Morris, Connecticut.

I was called on Sunday morning, November 4th, 1866, at about five o'clock, to see Mrs. Maria C——, aged 27 years; strong and healthy, in her third labor. The patient living some distance from me in a town adjoining (Litchfield,) caused some time to elapse necessarily before my arrival. She had been sick all night, in fact for nearly twenty-four hours. I found the labor natural, and far advanced, and it was terminated with very little extemporaneous aid, in about three quarters of an hour. The patient being rather exhausted, I ordered her to take whisky-punch, and after allowing her to rest for about half an hour, proceeded to remove the placenta. She was then having some pains, and contraction had taken place. I took hold of the cord, and passed my finger as high as possible, but could not feel the placenta. I then made slight traction on the cord, and found that it was tearing away. I made a second effort, and though slight, the cord and entire membranes came away but no part of the placenta. The effort made on the cord was much less than I have made in other cases, yet it came away. It was then I realized that I was in the dark, no guide, in other words, candle out. Knowing that there must be a removal of the placenta, I proceeded to enter one finger, then another, and so on till my whole hand was inserted to the wrist, when I encountered with my fingers a firm circular band around the uterus, like a string around the middle of a bladder, no placenta to be felt. I could just insert one finger a little way in the centre of the ring, which caused the patient great pain and to complain bitterly. I then gave her to understand that all and no more than was necessary would be done, and after quieting her fears proceeded with one finger after another, till my whole hand passed through the band, when it seemed as if my hand had entered a sort of ante-chamber. I there found the placenta firmly adherent. I laid hold of it, but could effect no separation, till I had perforated it through and through three or four times as I usually do, rather than make much traction.

When I found that it was loosening, I passed my fingers to the most remote and upper part of the uterus, my arm being then inserted to the elbow, as the womb was exceedingly elongated, and by inserting my fingers carefully and slowly between the uterus and placenta soon effected a complete separation. I then seized the placenta, and the pains being considerable, withdrew it slowly, only just so fast as the womb contracted firmly and closely; I followed up and was enabled soon to bring it away without the least flooding, the womb being properly contracted. The placenta was large, and had a greenish or snuff-colored appearance of the tissues about the insertion of the cord, which accounts for its easy separation; it looked as if gangrenous around the insertion of the cord. The patient was bandaged, took some nourishment, and was placed in bed. I enjoined strict quiet. Next day very comfortable, not much local soreness or tenderness, very little lochial discharge. I suppose that the manner in which the placenta was removed, mopped out, as it were, the entire parts in its outward passage. Five days after, called and found the patient sitting on a chair. On asking her how she was, she answered,—"pretty well." This is the third case of hour-glass contraction that I have attended out of a great many cases. I believe they are not common, therefore, I offer this for public record.

BIOGRAPHICAL SKETCHES OF Distinguished Living New York Physicians.

By Samuel W. Francis, A. M., M. D.,

(Fellow of the New York Academy of Medicine.)

X.

Isaac Wood, M. D.,

(President of the Medical Board of Bellevue Hospital.)

"How shall we then wish, that it might be allowed us to live over our lives again, in order to fill every minute of them with charitable offices."—*Atterbury.*

Dr. Isaac Wood was the fourth son and sixth child of Samuel Wood and Mary Learing, there being thirteen children in the family; of whom seven were sons and six daughters. With the exception of the youngest girl, who died in her infancy, all of them stood around the grave of their father, who died at the advanced age of 84, the youngest being at that time between forty and fifty years old. Their mother died in her ninety-first year. Samuel Wood, father of the subject of the present sketch, came to New York in 1803, with ten children; and in 1804 opened a bookstore at 362 Pearl Street, afterward moving to 357, which number was subsequently changed to 261. The store was six stories high in front, and seven in the rear, situated nearly opposite to what is now the United States Hotel, and was considered at that time one of the architectural feats in the city. It was through his instrumentality that juvenile pictorials were largely introduced, and when one considers the present high prices that are paid for the intellectual amusement of the young, as compared with the old-fashioned two-penny serials, the progress of the times may be more fully appreciated. Four of the sons, Samuel S., Richard, George Sidney, and William, went into their father's business, and enlarged their publications to those of medical works, including the American edition of the *Medico-Chirurgical Journal*, and others of a similar character. The brothers associated themselves under the name of S. S. & W. Wood, and for many years transacted their business at 389 Broadway—moving in the last few years to 61 Walker Street, where medical, scientific, and agricultural works are now published and imported, under the name of William, and his son, Wm. H. S. Wood.

Samuel Wood devoted much of his time to the consideration of Public and Free Schools, for both white and black children. It was through his agency that much of that trifling and absurd matter was removed from children's books, and a moral and useful series of "Juveniles" were introduced. He was one of the founders of the American Bible Society, the New York Institution for the Instruction of the Blind, the House of Refuge, and, with John Pintard and others, founded the first New York Savings Bank. Silas Wood was a successful merchant of the firm of Byrnes, Wood, and Trumbull, and established with them the second line of packets that sailed between New York and Liverpool. Richard invented an inking-machine, which was very popular previous to Hoes' great printing press, and obtained a patent both in this country and abroad.

Dr. Isaac Wood was born in Clinton Town, Nine Partners, Dutchess county, State of New York, the 21st of August, 1793, and was sent to various schools, one of which was under the direct government of John Griscom, LL.D., Professor of Chemistry in the New York Medical Institution, and Principal of the New York High School. His classical studies were followed under the tuition of the celebrated Scotch clergyman, Frederick Macfarlane.

He did not pursue any extensive course in a literary college, but, in April, 1811, entered the office of Dr. Valentine Seaman, one of the attending surgeons of the New York Hospital, and studied with zeal and industry, often sitting up till 4 and 5, A. M., while busily engaged in the investigation of some fascinating disease. This same interest in his profession ever marked his course. A conscientious student's lifetime was not as luxurious and free from labor then as it now is. At the present time the student is instructed by *results*, but at that time—some fifty years ago—it was his special privilege and duty to keep the office in order, compound the medicines, collect his preceptor's bills, distinguish a drug at sight, besides paying $200 a year for this special indoctrination in the mysteries of a medical man's experience.

The greatest difficulty at that time to meet with in the pursuit after knowledge was the dissection of a subject. For not only was it against law and popular opinion to obtain a body, but even after one was secured, few can now appreciate the dangers incurred that it might be kept till thoroughly examined. Many risks were run, and strategems adopted to accomplish this end, in order to circumvent prejudice, that mental squint of an overbalanced intellect.

In speaking to me on the subject one day, Dr. Wood remarked that he had often been obliged to cross rivers, travel for miles, and when night clouded vision, dig up the body of some poor creature, when it was so cold that his companion, who was on the look out near the fence, had to run up and down to prevent freezing, and even

then, when the body was secured, the grave covered up and smoothed over, and the dead man placed in the wagon, wrapped in a cloak, and sitting by his side like some pale traveler, his friend must leave him, for neighbors were on the scent, and he had to drive some twelve miles with a coroner's jury theoretically by his side, and the verdict "guilty" staring him in the face. Should the horse fall, or a turnpike arrest his progress, or he grow sick, all would be over. On one occasion, in this city, he went out with two other students, and having obtained the body from Potter's Field, tied its hands and feet together, and, fastening it (a small subject) round his neck, so as to be suspended in front, threw a large cloak or Mackintosh over all, and walked down Broadway at night, locking arms with his two friends, and passing within two yards of the night watchman, who looked upon them and their singing, as gay and festive youths returning from a genial symposium.

On two different occasions he was forced to flee from the city, having been betrayed by one of his hired assistants, a colored man. So eager was he to improve every opportunity, that in order to avail himself of each dissection, he would not unfrequently go from dinner to dinner (twenty-four hours) without food; proceeding from the New York Hospital, when he was on duty, to the dissecting room or lecture, to save time. Often did he scale the hospital gate at four in the winter morning, to study with his colleague, Dr. J. C. BLISS, until sufficient light permitted him to attend and prescribe for the patients; after which he went to breakfast. He was assistant house-surgeon one year, and house-surgeon one year, from 1815 to 1816. He was licensed to practice medicine by the New York State Medical Society, in June, 1815. Many of the students and aspirants at that time considered the examination before the "censors" more searching and creditable, and the diploma more honorable, than that of the college. Among these may be mentioned, Drs. J. K. RODGERS, J. C. CHEESEMAN, MCCAULEY, etc. Dr. ISAAC WOOD was graduated under the authority of, and received his diploma of M. D., 1816, from Queen's, now called Rutger's College, of New Brunswick, New Jersey—the New York Medical Institution not being vested with the authority to grant diplomas. The professors at that time were Drs. NICHOLAS ROMAINE, JOHN WATTS, JR., VALENTINE SEAMAN, THOMAS COCK, JOHN GRISCOM, LL.D., BRUCE, BAYARD, and EDWARD MILLER. His Thesis was on Carditis and Pericarditis.

At this time it was even difficult to obtain permission to examine a patient after death. On one occasion Dr. WRIGHT POST spent an hour in endeavoring to persuade a woman, by every argument he could call up, to grant him the privilege of performing a post-mortem on merely the leg of her husband. Having operated on him for popliteal aneurism, and without success, it was his earnest wish to ascertain why the desired effect had not been realized. But so determined was her negative answer, that all he could say or do produced nothing but irritation and positive refusal to comply.

On another occasion, when Dr. ISAAC WOOD was busily engaged in an autopsy at a city dispensary, the husband of the subject, overcome by impatience, though he had accorded permission, became so infuriated that he endeavored to beat the door down. In consequence of this, the Doctor and his associates were forced to abandon the examination, and hurriedly sew up the partially dissected woman; for, had he seen her under the exposed circumstances, a mob would speedily have been formed, and danger invaded that quiet department. It is well that a few instances of this character are occasionally brought before the present generation, for, without comparison, the man of study at this day would not sufficiently appreciate his comforts, or fully comprehend the extra facilities accorded every one.

Formerly it was the instructor's fault if his students were not well versed in medical lore. Now the young doctor is the only one to blame, if, surcharged with an excess of facts and demonstrations, he is incapable of assuming the responsibilities of his profession, and does not comprehend the mysteries of microscopic anatomy.

Dr. WOOD'S health, with but few exceptions, has been excellent, attributable in a great measure to his early rising when young, and an immense amount of out-door exercise. But, though free from ordinary ailments, he may be considered the special favorite of Providence, in a physical point of view, for there are few men living, save those who have been engaged in battle, whose escapes have been as wonderful, or their immunity from death so marvellous. In speaking one day to me on the subject, he said: "I am now seventy-three years old, and my life has been miraculously spared over seventy-three times. I have met with accidents, fallen out of windows, been thrown from carriages, run over, and mercifully preserved."

Dr. WOOD'S father for some time followed the doctrines of the Episcopal Church, but latterly became a member of the Society of Friends, in which creed the son is now a strong believer—

and certainly there is much in that simple faith worthy of emulation, for the Quaker aims at simplicity of manners, cleanliness of habits, and charity of speech.

At the time of the prevalence of typhus fever in Bellevue Hospital and the Penitentiary, many fell victims to this direful scourge, and those who died in a greater ratio than even the prisoners were the attending physicians and keepers of these charitable institutions, to an extent equal in the proportion of five to one. Three of the assistant physicians were prostrated by the fever at one time, when Drs. Griswold, Boyd, and Tripler might be seen in the same room. They, however, after a narrow escape, finally recovered. Dr. Tripler lived till very recently, having filled a responsible position in the Army Medical Board, and Dr. Boyd took an active interest in the Health Department of Brooklyn. At that time Dr. Isaac Wood was by appointment attending physician, and a committee, composed of Drs. J. M. Smith, Bailey, and Wood, strongly recommended the Common Council to remove all the inmates from the prison, and promised, as their belief, that if this were done, no new cases would break out, as it would afford ample opporunity for cleansing the cells and localities. Their wishes were gratified, and resulted most favorably. The treatment on this occasion admitted of but little stimulation.

When the cholera broke out in this city in 1832, the resident, Dr. Wood, who had foreseen its arrival, when raging in Canada, predicted its ravages at Bellevue Hospital. In confirmation of his apprehension, out of two thousand paupers, patients, prisoners, and inmates, six hundred died!

Dr. Isaac Wood himself, among the first, fell sick of the cholera. Forty bodies laid in the dead-house at one time, the undertakers not being able to make coffins fast enough to bury them as they died, and in one instance the dead and the sick laid on the same bed. And on not a few occasions, Dr. Wood, while going through the wards, was obliged to step over the dead and dying, who were lying in rows on the floor, the nurses not having time to prepare beds, as the patients were taken so suddenly.

While in Bellevue, Dr. Isaac Wood performed nearly all the surgical operations that were required. Dr. Stephen C. Roe, the consulting surgeon, occasionally operating himself. It is generally conceded that Dr. I. Wood was the first to remove the ends of the bone in lacerated injury of the elbow-joint. His first case succeeded so well that the patient could use his arm during ordinary labor, not having lost the power of flexion.

Dr. Wood's height is about 5 feet, 4 inches; and weight about 175 pounds. On asking him his opinion of smoking, he replied, "I have not for smoked more than thirty years past. I believe it detrimental to many persons, and in various ways."

Dr. Wood married three times, and has had four children. His only daughter married Dr. Thomas F. Cock, of this city, and died in 1863. But one son, F. Augustus Wood, is still left to him.

Dr. Wood for many years connected himself with the more prominent associations in this city, a chronological list of which cannot fail to prove of value, as portraying the varied field of his labors, and the deep interest he took in the advancement of science, and the welfare of humanity.

1. He was elected a member of the Society of the New York Hospital, 6th January, 1818.

2. Member of the New York County Medical Society, 10th June, 1820.

3. Consulting Accoucheur to the Out-Door Lying-in Charity for the Second Ward, Dr. Gilbert Smith, President, Sept. 18th, 1823.

4. Member of the Society for the Reformation of Juvenile Delinquents, Cadwallader D. Colden, President, July 18th, 1825.

5. Appointed by a Committee of Common Council, April 14th, 1825, in conjunction with Drs. Joseph Bailey, Joseph M. Smith, and Stephen Brown, to visit the Penitentiary, and report on the nature of the disease (typhus fever) at that time doing sad havoc among the sick, and to suggest the necessary treatment and precautions to be followed out.

6. Consulting Physician to the Almshouse and Penitentiary at Bellevue, Oct. 17th, 1825.

7. Resigned from the City Dispensary, 19th December, 1825.

8. Member of the New York Eye Infirmary, of which institution Wm. Few, Esq., was President.

9. Fellow of the College of Physicians and Surgeons, Aug. 4th, 1829.

10. Resident Physician of the Almshouse and Penitentiary; being elected by the Common Council January 29th, 1826, which position he resigned January 1st, 1833.

This was caused by his having had the cholera in 1832. The attack was so severe, and prostrated him to such an extent, that he did not fully recover his former tone and powers of physical endurance till about 1837, some five years after.

11. Life Member of the American Bible Society, February 3d, 1842.

12. Life Member of the New York Institution

for the Blind, of which charitable foundation he was a manager for some twenty-five years, and several years its President; at one time acting as recording secretary, and at another consulting physician. This close connection with those afflicted with loss of sight, enabled Dr. Wood to avail himself of the advantages which create experience, and ever since his first occupation of this position of trust, he has maintained a useful part in ophthalmic surgery.

13. Not long after this, a plan was set on foot to establish a society for the relief of widows and orphans of medical men who had died in pursuit of their noble profession. Dr. Wood quickly responded to the suggestion, and soon became an active member, filling, on different occasions, the position of Treasurer, and subsequently that of President. If any one would desire to learn of the benefit produced by this noble enterprise, let him peruse the reports, and look carefully over the statistical record. Surely few deserve so comfortable an old age as she who, "Doomed to early cares and trials, soon becomes the depository of her husband's secrets, the participator in all his sorrows, and the medium through which all by-blows are dealt at him. What other woman would submit, without a murmur, to the constant trials and hardships of a life devoted to every interest but her own; with a limit to enjoyment, a constant guard upon her tongue, all her little favorite occupations interrupted, her rest disturbed, her very bed deserted, night after night?" This quotation seems so apposite, that the thoughts of a fluent and kind-hearted humanitarian* have been cited by way of suggestiveness.

14. At the commencement of the foundation of the New York Academy of Medicine, Dr. Wood entered with zeal into its preliminary organization, and aided Dr. F. Campbell Stewart not a little by his hopes of its wide influence and extensive usefulness. In due time he was appointed, in conjunction with Drs. Valentine Mott and Alexander H. Stevens, to practically suggest any improvements as to its future scope. The suggestions made were adopted, and year by year the dignity of the Academy, as a whole, is being felt by the community at large. On two separate occasions, Dr. Wood was elected President, and during his incumbency, sought to carry out the prescribed regulations, at the same time endeavoring to bring about the harmony of discussion. So happy was his plausible manner, that he was repeatedly sent as a delegate from the Academy of Medicine and County Medical Society to the American Medical Association, whose transactions are full of matter, and worthy of permanence.

15. He was duly associated with the Historical Society, November 7th, 1850, as one of its members; and (16) January 29th, 1857, he was elected a member of the American Geographical Society of New York, and has ever since taken an interest in the development of scientific research.

17. In 1824 he practically connected himself with the New York City Dispensary as its attending physician, ultimately becoming one of its consulting members, and (18) about the same time held similar positions in the New York Lying-in-Asylum, and Bellevue Hospital, Medical Board; (19) of which latter he has been the President many years.

20. January 7th, 1844, he was nominated and elected Inspector of Common Schools, and sought in many ways to better the condition of the young. The rapid growth of the public schools in New York is a source of great pride to the citizens. The hygienic rules, rigidly enforced—the varied systems so carefully carried out that the minds of the children are not wearied by monotony. The introduction of musical exercises at once appeal to the understanding, and rouses the imagination. Any one of the "old school" visiting public exhibitions, is amazed at the diversity of acquired information, and the thoroughness of the course. Questions in mental arithmetic, involving complex fractions, are answered by young girls in less time than it would take a well-educated graduate of some of our best colleges to work them out on paper. Much of this is due to the wise counsels of the Inspectors, and their disinterested watchfulness. But while all praise is due to their guardianship in behalf of the pupils, a word of caution regarding the teachers and their untiring labors might be urged. Are they confined to their duties too long, or have they more than one mind can grasp, to undertake? The question is asked, for they die off rapidly; and though their places are eagerly filled by those equally qualified, would it not be well to look to it, and see if the ratio of mortality could not be lessened?

21. Dr. Wood was appointed Consulting Surgeon to the New York Ophthalmic Hospital, April 12th, 1853; and November 12th, 1855, was formally elected one of the Trustees of the College of Physicians and Surgeons of New York, by the Regents of the University.

22. During the Rebellion he was an efficient member of the Sanitary Association, having fore-

* Mysteries of Medical Life; or Doctors and their Doings. By George Allarton, M. R. C. S., and L. A. C. London. 1856. A book worthy of universal perusal, from its ethical effect.

seen the wide field of usefulness it was to occupy in the alleviation of the sick.

23. For one year he was also the Treasurer of the American Medical Association; and (24) on various occasions, the presiding officer of the Kappa Lambda Society, and likewise, of the County Medical Society. These positions of trust and honor are indicative of the feelings of the profession toward one whose quiet and unostentatious career has been marked by a sense of duty to his-fellow creatures, and who frequently sacrified time, health, and private practice, for the benefit of those around. There any many who do good from instinct—a sort of physical conscience; but he who fully appreciates the thought that no part of God's world is idle, will go about doing good from a peaceful sense of christian obligation, emanating from pure love, which is the perfume of the soul.

Hospital Reports.

Jefferson Medical College,
October 24, 1866.

Surgical Clinic of Prof. Gross.

Reported by Dr. Napheys.

Cataract.

S. F., æt. 22. He became gradually affected with blindness. An operation was performed on the left eye a year ago this month. It was not followed by severe inflammation. On examining the left eye, the pupil is found to be widely dilated, and the remains of the capsule of the crystalline lens are to be seen attached to the margin of the iris, trembling, as it were, in the aqueous humor. The pupil of the right eye is contracted, and there is opacity, either of the lens or capsule, or both, the cataract being adherent to the margin of the pupil all around. He has had amaurosis. There is no perception of light by either eye.

The sight of the left eye is irretrievably destroyed, in all probability, not by the operation, but by the disease which existed at the time the operation was performed, namely amaurosis. This affection, so beautifully described by Milton, who was himself the subject of it, consists essentially in a disorganized condition of the retina and choroid coat.

There is cataract in the right eye. It is adherent to the margin of the iris, thus complicating the case. In addition to this, it is not at all improbable that there is a disorganized condition of the retina and choroid coat. If this should prove to be the case, and it is impossible to determine beforehand, an operation will be perfectly futile. If not, the chances are, when the opaque body is removed, there will be some sight.

The pupil of the right eye has been widely dilated with atropia, one-half a grain to one-half ounce of water, as a preliminary step. The cataract-needle was dipped in oil, to facilitate penetration of the sclerotic coat. The head of the patient was supported by an assistant, by whom the upper lid of the right eye was elevated, the lower being depressed by the operator. The instrument was introduced with the left hand, about two and a half lines behind the cornea, and a short distance below the horizontal axis of the eye, for the purpose of avoiding the long ciliary artery. Penetration was readily effected, and the lens broken up. The eyelids were closed by strips of isinglass plaster, and a light bandage carried around the head. The patient was directed to be placed in a dark room, and to take one-fourth of a grain of morphia at once, to prevent unpleasant reaction.

This operation is sometimes, especially in persons of a nervous irritable temperament, followed by violent rigors and great constitutional excitement, attended with nausea and vomiting. This is effectually prevented, as a general rule, by the administration of a good dose of morphia immediately after, or a few minutes before the operation. No application is made to the eye itself, excepting now and then a little atropia, to keep the pupil in a state of dilatation. Should undue inflammation arise, resort will be had to the ordinary antiphlogistic remedies.

Anal Ulceration and Fistule.

Thos. G., æt. 38. He comes here on account of an affection in the ano-rectal region. He is emaciated from long suffering. The disease is of a little more than four years' standing. He has now a great deal of pain at all times, of an aching character, confined to the parts. It prevents sleep at night. When the bowels are costive, the pain is greater. It is very severe for some time after defecation.

The parts bear the mark of cicatrices, and there is a discharge of pus. There is an ugly-looking ulcer on the left side, which is quite deep, and the anus is apparently contracted. The sphincter muscle is very rigid, especially toward the right side, not on the left side at all. There is no disease in the rectum, above the sphincter muscle. There is an opening by the side of the anus, which may communicate with the interior of the bowel.

This is not an ordinary fistule. There is something more serious the matter. The sphincter muscle is perfectly hard on the right side. This could not be the case if there had been ordinary inflammation. The parts then might be hard, but there would not be such extraordinary hardness. The ulcer is syphilitic or carcinomatous.

The man acknowledges to having had buboes on both sides, but says he never had a chancre. It is impossible to determine whether this case is one of constitutional or tertiary syphilis, or whether it is cancerous. It is an interesting fact in connection with the history to know that this man has had buboes on both groins. He says he has had no venereal sore. But he might have had a chancre so small, and so rapid in its progress, as not to have attracted serious attention. The same treatment will be ordered as though it were determined that he is laboring under constitutional syphilis. If the affection be syphilitic, it will probably effect a cure.

He was directed to take six grains of the iodide of sodium, and one-tenth of a grain of bichloride of mercury three times a day. Locally, cleanliness was enjoined. Four times in the twenty-four hours the parts are to be washed with cold water and a little soap, and the dilute ointment of the nitrate of mercury, one part to seven of simple cerate, to be applied on a little patent lint, and pressed into the sore, to medicate the bottom as well as the edges. At night, an anodyne of two grains of opium was ordered.

Nevus Materni on a Finger.

Samuel C., æt. 6 months. He has a little tumor on the middle finger of the right hand, directly over the second joint, of a reddish color, and rough, rugous surface. This tumor was congenital. It is vascular in character, consisting essentially in an inordinate development of the vessels of the skin, and of the subcutaneous cellular tissue. When the veins are alone, or chiefly affected, the tumor is said to be venous; arterial, when the arteries are chiefly involved; and arterio-venous when both are dilated to nearly an equal degree. The arterial tumor pulsates generally synchronously with the contraction of the left ventricle of the heart, and becomes very much expanded under the influence of mental emotions, as when the child cries. It is this form of the affection which was described by Mr. JOHN BELL, of Edinburgh, in the early part of the present century, under the name of aneurism by anastomosis.

The tumor on this child's finger consists mainly of enlarged veins, the arterial capillaries being comparatively little affected. It is unpleasantly situated for an operation, being directly over a joint. A pin was passed longitudinally through its base, care being taken not to pass it through the joint, and the larger portion of the tumor embraced by a ligature. The part thus cut off from its sanguineous supply will rapidly mortify, and the inflammation will extend around into the morbid structures, and the plasma thrown out will close up the vessels, so as to obviate the necessity of future interference.

Hypertrophy of the Hair of the Scalp.

William L., æt. 6 months. He has a redundancy of the hair of the scalp. A large quantity of well-developed hair extends over one side of the forehead, imparting a curious appearance, and greatly interfering with the beauty of the child. Cases are sometimes met with where there is an entire congenital absence of hair. In this instance there is too much of it.

There are depilatories, or applications for the removal of hair, but they all labor under the disadvantage of greatly irritating and inflaming the skin, sometimes producing mortification, and yet not destroying the hair bulbs. The consequence is, that in a short time the hair is reproduced. They all consist for the most part of quick-lime in combination with arsenic, or sulphuret of sodium or barium.

The operation which will be performed in this case will be to shave off a portion of the thickness of the skin, including, if possible, the bulbs of the hair. It is not the object to scalp the child, which would be cutting away the whole of the skin, but merely to remove a superficial part. This operation is indicated by common sense, it is not laid down in any of the books.

The child was put under the influence of chloroform, and a careful dissection made of a portion of the thickness of the skin. The hemorrhage was stopped by means of a styptic much used by Prof. PANCOAST, consisting of

℞.	Potassæ carbonatis,	ʒij.
	Saponis,	ʒiv.
	Spiritis vini rect.,	f.ʒiij.

Medical Societies.

NEW YORK MEDICAL JOURNAL ASSOCIATION.

Our readers have been informed of the existence and objects of this Association. The winter weekly course of re-unions was inaugurated at the new rooms of the Association, in the Mott Memorial building, No. 58 Madison Avenue, on the 5th of November, on which occasion general cards of invitation were issued to members of the profession. A large number responded, and about thirty new names were added to the roll of members.

On the 9th the second re-union took place, on which occasion Dr. GURDON BUCK, Surgeon to the New York and St. Luke's Hospitals, etc., made some remarks on the subject of

Plastic Surgery.

and submitted two patients who had been operated on.

The Doctor remarked that plastic surgery had been applied to the face more frequently than to any other region of the body:

1st. To remedy congenital defects, especially the varieties of hare-lip.

2d. To repair the loss of parts produced by disease, such as cancrum oris, syphilis, scrofula, lupus, etc., or by injuries inflicted by missiles, fire-arms, or other forms of violence.

The various operations of plastic surgery, for the most part, conform to two fundamental methods, the application of which to any particular case, must be determined by the judgment and ingenuity of the surgeon. They are,

1st. By gliding neighboring integument, that has been previously detached, so as to supply lost portions.

2d. By transposition; that is, raising a patch of integument more remote, leaving it attached at one extremity, and transferring it within the limits of half a circle, to the seat of the deficiency to be supplied. As is done, for instance, where a flap is raised from the temple to repair the eyelids, in which case the flap is made to sweep a quarter of a circle; or where a patch is raised from the middle of the forehead to repair the nose; in this case the patch is made to sweep half a circle.

Hare-Lip.

This plaster mask represents an example of double hare-lip, complicated with a double fissure of the hard palate, and a very salient intermaxillary bone. The intermaxillary bone, which expands out sufficiently to support three incisor teeth, is continuous with and terminates anteriorly the septum nasi. A central cordiform portion of the upper lip is continuous with the columna nasi, and rests upon the projecting intermaxillary bone. The alæ nasi, with the halves of the upper lip, gap widely, the whole presenting a very revolting disfigurement. The patient was a girl, eight years old. The method of operating was as follows:

1st. Dissecting the central tongue of the upper lip from the intermaxillary bone, leaving it connected with the columna nasi.

2d. Excising the intermaxillary projection on a line horizontally with the inferior free edge of the vomer.

3d. Paring the edges of the central tongue, and applying and securing it by stitches to the fresh cut edges of the vomer, and thus completing the columna.

4th. The halves of the upper lip being put on the stretch, the mucous membrane was divided along the line, where it assists the upper jaw to cover the inside of the cheek; this division was carried as far out as the last molar tooth; it was also carried upward, on each side of the nose, toward the orbit. Upon the thorough performance of this step of the operation depends the facility of approximating the two halves of the lip, and securing them in coaptation without strain upon the sutures.

5th. Paring and coapting accurately the vertical edges of two halves of the lip, and securing them with sutures. No adhesive straps were applied. The progress and final result were satisfactory. This photograph shows the great improvement achieved by the operation.

Two Cases of Plastic Operation to Relieve Deformity of the Face.

1st. This boy has been a patient at St. Luke's Hospital, where the operations to be described were performed.

He is six years old, of German parentage, and resident of Williamsburg, Long Island.

About one year ago, while ill of a low form of fever, the destruction of the face took place, from what is supposed to have been cancrum oris. This plaster mask represents his condition before the first operation. The right half of the upper and lower lip, and the neighboring portion of the cheek, are gone, and also the columna nasi. The jaws are held in close contact by the cicatrix of the right cheek bordering the lost parts. The remaining left half of the upper lip terminates at the median line, below the septum nasi; the terminus of the left half of the lower lip extends a little further to the right side, beyond the upper lip.

Operation. An incision was carried transversely through the upper lip, at its junction with the nose, and continued outward through the left cheek, nearly to the masseter muscle; the same was done to the lower lip, on a line corresponding to the line where the mucous membrane quits the lower jaw; this incision was parallel to the first, and carried to the same extent through the left cheek. The entire flap thus formed terminating by the two half lips, was stretched across to the right side, and secured to the edge of the cheek previously prepared, by detaching it extensively from the upper and lower jaw. In doing this it was ascertained that the lining mucous membrane of the cheek had been destroyed by the original disease, and the cavity of the cheek consequently was obliterated. Sutures were inserted in close proximity, to secure the most accurate adjustment of the part. The subsequent progress of the case was favorable, and the result obtained is shown by this second mask. You see the mouth is reconstructed, of natural form, but scanty in length, and situated very much to the right, so that its left angle is on a line below the left ala nasi.

A second operation was performed in September last, for the purpose of enlarging the mouth, by extending the left angle. It was done as follows: An incision along the line of the vermillion border was made, to circumscribe the left angle of the mouth, being carried only through the integument; a double-edged, sharp-pointed knife was then insinuated flatwise, between the cheek and lining membrane in a direction outward, as far as it was intended, to extend the mouth; the detachment of the lining membrane was also carried upward and downward at the same time. The cheek was now divided on a line with the commissure of the mouth, a distance of three-fourths of an inch. The lining membrane was divided to the same extent, and the edges of both accurately brought together, and secured with fine sutures closely inserted. Everything did well, and resulted, as you see, in the boy's present condition. His appearance is greatly improved, and something has been gained in the increased mobility of the lower-jaw; still further improvement may be realized by the persevering use of a wedge of wood, which he carries suspended to his jacket button-hole, and which he keeps between the teeth as much of the time as possible.

2d. The next case is an older boy, twelve years of age, of German parents, and resident in Jamaica, Long Island.

One year ago, according to his mother's statement, while she and her husband were both sick with intermittent fever, the boy took sick, and was cared for by the neighbors. After being in a state of delirium and unconsciousness for three weeks, the right cheek became red and swollen, and on examination by the doctor, a black spot was found on the inside of the cheek, that spread and resulted in the destruction of the neighboring parts, to the extent represented by this plaster mask, taken soon after his admission to St. Luke's Hospital. The right half of the upper lip, and neighboring portion of the cheek, and the right ala nasi, are gone. The teeth and gum, as far as the first molar, are exposed to view. The right half of the lower lip is stretched and lengthened, and terminates above and near the first right upper molar, where it adheres to

the maxilla. Articulation is somewhat defective; other functions remain unimpaired.

First Operation. The lower lip was divided at its right terminus, by an incision at right angles to its border, and to the depth of one inch. From this point another incision was carried transversely through the entire thickness of the lip to the middle of the chin, thus making a square-shaped elongated flap, lined by mucous membrane, and intended to be bent edgewise upon itself, and matched on to the end of the left half of the upper lip, in the median line. To effect this, however, it was necessary to divide the flap through half its breadth at its base, by an incision carried obliquely from the middle of the chin upward, and toward the left angle of the mouth. This permitted the flap to be bent edgewise, and to be brought in coaptation with the left half of the upper lip, which had been previously detached from the upper jaw extensively, upward and outward, and its end pared. One twisted fine suture, and several interrupted sutures, secured these ends in coaptation. To approximate the neighboring cheek to the newly transposed parts, it was necessary to carry an incision transversely across the upper part of the right cheek, and dissect up the integument from the subsequent tissues, so as to glide it forward to meet the transposed underlip, and fill up the space; this was accomplished, and nothing further attempted, after securing the parts in coaptation by numerous interrupted sutures. Adhesion by first intention followed almost completely. This plaster mask shows the result. The right half of the mouth is rounded, instead of angular and pointing.

Second Operation. This had for its object to raise a patch from the middle of the forehead to cover the right side of the nose and the neighboring deficiency of the cheek. The same successful result followed this operation as the preceding, and, as is shown by this third mask, a redundancy of the transplanted flap forms a salient eminence over the bridge of the nose.

Third Operation. This was performed in September last, and was intended to improve the shape of the mouth, by converting the rounded turn of the right half into an angle, and extending it further on the same side; also the removal of the redundancy of integument over the ridge of the nose. The operation for the improvement of the mouth was the same as that already described in the case of the other boy, and with an equally good result. An elliptical portion of skin was removed from the edge of the nose, and the edges of the wound brought together by sutures. An inspection of the boy's face can now be made, and the final results of these several operations appreciated.

—— Dr. GEORGE FRIES, a prominent politician of Cincinnati, died on the 13th of November. He was formerly a member of Congress. When JOHN QUINCY ADAMS was stricken in the hall of the House with paralysis, that terminated his existence, Dr. FRIES was his medical attendant, and was among those who heard his last sublime exclamation that has passed into history: "This is the last of earth!"

EDITORIAL DEPARTMENT.

Periscope.

Hypodermic Injections.

The following discussion on Hypodermic Injections took place at a meeting of the New York Academy of Medicine on the 7th ult. We quote from the *Medical Record:*

Dr. BULKLEY alluded to several cases of fever in which he had used hypodermic injections of quinine with the most gratifying results. The cases were of the very severe congestive type, known in the South as the Aspinwall fever. In one, the patient, when admitted into hospital, was in a state of complete collapse, unable to swallow, pulseless, etc., but rallied after at least twelve subcutaneous injections of four grains of quinine at each time. He died, but from another cause. In another case nearly as bad, only some three or four injections were necessary before reaction was established. A third patient recovered in like manner, but much more readily. His colleague, Dr. G. M. SMITH, had succeeded in stopping the paroxysms of ordinary intermittent fever by anticipatory injections of the same strength. No unpleasant consequences, except a small abscess resulting from the puncture of the instrument, in one instance, had so far followed a resort to this mode of introducing the drug into the system.

℞.	Quiniæ disulph.,	ʒi.	
	Acid sulph. dilut.,	gtt. 50.	
	Aquæ,	f.ʒi.,	*Solve,*

Will be found a convenient formula. Care, however, should be used to dry the instrument after use, since this proportion of acid is very apt to corrode the metal. Thirty-five minims of this solution were equivalent to four grains of the salt.

Dr. POST had noticed that many physicians, in using the syringe, inserted the point, and then injected the entire contents at once. The better way, he thought, was to insert the instrument, inject a few drops, then push it a little further, repeat the manœuvre, and so on, until the contents were expended. In this way the fluid had a chance of being diffused, and so acted better, without the tendency to produce unpleasant consequences. In the case of morphia, he got rid of the irritating acid by substituting boiling water as the solvent.

Dr. ELSBERG asked the experience of any Fellow regarding the proper strength of strychnia to be used when its subcutaneous introduction was required. He had himself tremblingly employed the agent, in cases of local paralysis, in doses of from one-fortieth to one-twentieth of a grain, dissolved in glycerine; but a brother practitioner had informed him that he had gradually increased the strength to from one-twelfth to one-tenth of a grain.

Dr. WORSTER had taken the hint from one of the medical periodicals, in which it was stated that the muriate of morphia did not nauseate,

while the sulphate was very apt so to do; and was now in the habit of using the muriate subcutaneously, to the exclusion of the other.

Dr. G. T. Elliott was not inclined to the indiscriminate administration of sedatives hypodermically, although in years gone by he had resorted to its tentative use very frequently in hospital practice, and in fact claimed the honor of having tried it in the two first cases in America, the details of which were published in the *New York Journal of Medicine* about November, 1858. These trials of the method were made before a medical class in the course of a clinic at Bellevue Hospital, and were for the treatment of sciatica. Since then he had used the syringe much less frequently, not from a loss of confidence in its efficacy, but perhaps from a liability to change, and certainly from a desire to check the tendency to self-injecting, which he thought had in some circles grown into a custom; the object sought being intoxication from opium. He recalled the case of a patient anasarcous and dying, who had secretly practised this for a long time, and whose cicatrices upon the deltoids, the arms, chest, sides, thighs, etc., became the seat of ecchymoses, exactly simulating purpura.

Dr. Bell had discovered that in varicose veins the persulphate of iron, of a strength equal to one part of the salt to thirty of water, was quite sufficient to produce a clot not liable to ulcerate through. This dilution was far below the average standard, but he had adopted his formula after many experiments.

A New Remedy in Erysipelas—Iodide of Potassium.

Dr. H. B. Withers of Rantoul, Illinois, writes to the *Chicago Med. Journal*, that he has used iodide of potassium in about thirty cases of erysipelas with perfect success. It arrested the disease in from twelve to thirty six hours. He gives usually ten grains every two hours, observing closely the effect. As soon as the disease begins to subside, the medicine is discontinued. No external application is used, but the parts are simply kept covered and moist. The author does not recommend it as a specific, but considers it a very valuable remedy in the disease.

Pulmonary Diseases as Affected by Climate,

Is the title of a short paper in the *Southern Journal of Med. Science*, by Dr. E. M. Pendleton, of Sparta, Ga.

As the result of his investigations, he lays down the following aphorisms, some of which "were generally believed, but others are new, and opposed to the commonly received opinions of the profession.

1. A much larger proportion of the human race die of lung affections, than of any other.

2. More persons die in Southern, than Northern climes of acute lung diseases.

3. More die North than South of chronic affections of the lungs, embracing consumption in all its forms.

4. Blacks are more subject to acute lung diseases than whites.

5. The African is less subject to phthisis pulmonalis than the Caucasian.

6. More persons die of malarious fevers in the Southern than in the Northern States.

7. More patients die of consumption in the latter part of winter and early spring, than any other period, while fewer die in June and July.

8. More die in high lattitudes than low ones, from which we infer that consumptives live longer where the atmosphere is the densest, and, by consequence has more oxygen to supply to the few cells which may be in healthy operation.

The Use of the Thermometer in Diagnosis and Prognosis,

Is the title of a paper by Prof. Flint, in the *N. Y. Med. Jour.* of which we give the recapitulatory propositions.

1. The thermometer is indispensable for obtaining accurate information of the temperature of the body, the perceptions of patients, and the sense of heat or coldness communicated to the hand of the physician being alike fallacious.

2. In the essential fevers and all acute affections, the heat of body is more or less above the maximum of health; and the increase of heat, as a rule, persists during the career of the disease. Fevers and acute affections may, therefore, be excluded by the fact of the heat of the body remaining within the limits of health; and the existence of an essential fever, or an acute affection of some kind may be predicated on a persistent increase of heat.

3. A fever is purely malarial, that is, it is not a continued fever, nor is it associated with a continued fever, if between the exacerbations, the temperature fall nearly or quite to the range of health.

4. The diagnosis of neuropathic affections, which stimulate inflammations may be based on the fact of the temperature not being raised.

5. Coma from uræmia may be discriminated from the coma occurring in fevers or dependent on meningitis, by finding the temperature not raised; and in cases of uræmia, coma, and convulsions, intercurrent inflammatory affections may be excluded if the temperature remain normal.

6. In tuberculous affections, when tuberculization is going on, there is more or less increase of heat. In cases of suspected tuberculosis, a normal temperature shows either that tuberculosis does not exist, or, if existing, that it is not progressive.

7. In cases in which the history and symptoms excite fears of the existence of meningitis, the existence of this disease is not probable if the temperature be not increased; and on the other hand, increase of temperature sustains these fears, provided the patient have not an essential fever.

8. The amount of increase of heat, as shown by the thermometer, provided the increase be not transient, is proportionate to the gravity of the disease, and is a criterion of the immediate danger. A persistent temperature of 105° always denotes great severity of disease, and a still higher increase renders it almost certain that the disease will speedily prove fatal.

9. The temperture in the different essential fevers and inflammations is governed by certain

laws, as regards progressive increase, daily fluctuations, and the rapidity or slowness with which it returns to the normal standard (defervescence) of the time of convalescence. Each essential fever or inflammatory affection has its own laws in respect of the points of difference just named; and any notable deviation from these laws, in individual cases, is an unfavourable prognostic. Thus, a decrease of heat below the normal range, may indicate an internal hæmorrhage, and a sudden increase may point to an important complication on the occurrence of an intercurrent affection. Mildness of the disease, and the absence of complications or intercurrent affections may, on the other hand, be predicated on the disease pursuing its regular course as regards temperature.

10. The surest evidence of convalescence from an essential fever, or an acute inflammation, is a return of temperature to the normal standard. If an increase of temperature persist, after apparent convalescence, or, in self-limited affections, after they have reached the end of their career, either morbid conditions pertaining to the disease, continue, or some affection has been developed as a sequel of the disease.

Reviews and Book Notices.

A Practical Treatise on Fractures and Dislocations. By Frank Hastings Hamilton, A. B., A. M., M. D., Professor of Principles of Surgery, Military Surgery, and Hygiene, etc., in Bellevue Hospital Medical College; Author of a Treatise on Military Surgery, etc. etc. Third Edition, Revised and Improved. Illustrated with 294 wood-cuts. Philadelphia: Henry C. Lea. 1866. 8vo., pp. 777. *Price* $5.75.

Professor Hamilton's book is a large one, upon a large and interesting subject. The work is itself interesting, and undoubtedly useful. But we cannot avoid the opinion, that with his materials, it might and ought to have been both smaller and better. There is in several parts of it a want of judicious arrangement; and sometimes, of judgment in the selection of matter; besides an inequality, not proportionate to importance, in the treatment of subjects. Still, it contains a large amount of information not elsewhere to be found in a single volume; and its passing to a third edition, proves that it has found favor with the profession.

On one or two topics of recent interest, we may quote Dr. Hamilton's opinion. The questions concerning the treatment of gunshot fractures of the limbs, are very summarily answered by him. In those of the shaft of the humerus, he pronounces in favor of amputation always in case of destructive injury of the large nervous trunks. Destruction of the brachial artery, although it diminishes the chance of the limb being saved, does not, in his judgment, necessarily demand amputation. We believe that most experience in military surgery, and much in civil practice, will justify dissent from this last view. Personal recollection of cases in which, under favorable circumstances, such a trial has been made, convinces us that the danger to life of a fracture at or above the middle of the humerus, with laceration of the artery, is, without amputation, quite as great as that of a gunshot fracture of the head or neck of the femur.

Resections of the shaft of the femur, or of the knee-joint, after gunshot fractures, Dr. Hamilton would not now attempt. In such fractures of the upper third of the thigh, he believes that if the main artery and nerves are uninjured, "life is, in general, less hazarded by an attempt to save the limb, than by amputation. In the middle third, under the same circumstances, the chances may be considered equal, as between amputation and an attempt to save the limb by apparatus; in the lower third, the chances are in favor of amputation." In proportion to the many pages of historical matter and citation of authorities upon several much less momentous subjects, we should have had from our author much more upon this topic of gunshot fractures; especially as to the best methods of treating compound, as distinguished from simple fractures. He is, we think, unsatisfactorily brief in reference to them. Allusion to some other army experience than his own, during the late war, would have been in place here. At Gettysburg, for example, there were between one and two hundred cases of gunshot fracture of the thigh, many of which were treated without amputation. The statistics of the Surgeon-General's office (Circular No. 6) are not mentioned; although, on the point just alluded to, they point to conclusions like those of Dr. Hamilton.

On the question between manipulation and forcible extension in treatment of dislocations, especially of the thigh, our author thinks, "the time has not yet arrived in which we can institute a rigid comparison between the relative plans; for while it is true that reduction by manipulation has been practised from the earliest day, it is equally true that extension has been generally performed and practised by surgeons of all ages; especially since Sir Astley Cooper gave his admirable instructions upon the method of applying extension and counter-extension." Dr. Daniel Prince, of Illinois, and Dr. James R. Wood, of New York, are mentioned as having been so unfortunate as to produce fracture of the neck of the femur in attempting the reduction of

old luxations by manipulation. A similar accident may happen under extension by pulleys, but Dr. Hamilton thinks the liability to this, and to the causation of inflammation, suppuration, and caries, is greatest under manipulation.

Before leaving this book, we must remark that Dr. Hamilton has, among the multitudinous forms of apparatus for fractures described, omitted, to a disadvantage, two of the most useful ever originated in this city—the thigh apparatus of the late Dr. Robert P. Thomas, and that for the clavicle, of Dr. R. J. Levis. Both have been fully described in journals and books which must have been within our author's reach, and both have been sufficiently tested in practice to prove their value.

In the style of its issue, Mr. Lea has made this work another example of the increasing elegance which has of late extended from the literary to the scientific press.

Notes on Epidemics. For the Use of the Public. By Francis Edmund Anstie, M. D., F. R. C. P., Senior Assistant Physician to the Westminster Hospital. First American edition. Philadelphia: J. B. Lippincott & Co. 1866. 12 mo., pp. 95. *Price*, 80 cents.

This beautifully bound and printed little volume is issued, under the editorship of Dr. Hammond, expressly for popular instruction in this country, as it had been originally adapted by its author for general readers in England. The object was well worth aiming at. We cannot say that it has been altogether accomplished in the best way; but still it may be very useful. For *popular* use, all doubtful points should, we think, have been stated to be such, without speculative discussion; sufficient reasons for all available measures of prevention being deducible from what is certain. This book is intermediate, in its method, between the scientific, or professional, and the popular. We should judge, indeed, that it would be rather heavy for most unprofessional readers. There is a great deal that is doubtful in it. For instance, the expressed "temptation to believe" what in this country it must seem absurd to think of—that "yellow fever is a specific variety of typhus," with strong affinities with British typhus, and only modified by transplantation to the tropics! Doubtful, again, is the statement, (p. 74,) that contagion has always appeared to be the cause of the outbreaks of diphtheria of late years.

We should illustrate the author's more careful analysis of facts by his account of the present state of our knowledge of the etiology of typhoid fever (pp. 41–45.) From his own positive experience he declares that "typhoid fever is not contagious in the same sense as typhus is." *Relapsing* fever Dr. Anstie thinks to have been shown upon very satisfactory evidence to result from *privation of food;* that it is a "famine fever." As Dr. Hammond remarks in a foot-note, this disease is scarcely (never?) ever witnessed in this country.

We have read this work with interest; but we believe that its American editor might, from his opportunities and research, have produced a better one on the same subject. And the time will come, after a few years, when the present "epidemic of contagionism" affecting European medical writers (to whom American physicians still bow too readily) has passed, in which a truly scientific induction upon the facts in regard to epidemics will become possible; as now it is not.

Diagnosis and Prescription Record. Fourth Edition. W. Wood & Co., and W. H. Schieffelin & Co., New York. *Price*, $1.

The object of this Record is an excellent one. It is ingeniously and skilfully prepared; and there would be no difficulty at all in employing it; and yet we do not believe that any one has used or will make use of it *regularly*, except its author. Spasmodic registration of cases, while the idea is fresh in the individual mind, amounts to little. Full details of cases can be best kept by hospital men; and, to them, we question whether any such record will really make a saving of labor. Off hand abbreviations, without turning over pages in search for the right place for every item, will better economize time and trouble. We regret to disparage such efforts, and will be glad to be corrected if our estimate of their success has been too low.

The Action of the Heart.

Dr. G. Paton, of Toronto, records the results of some valuable experiments in a paper published in the *Dublin Quarterly Journal of Medical Science*. The paper merits a careful reading, and from the observations it sums up, the author draws the following conclusions: 1. The dilatation of the ventricles is synchronous with the contraction of the auricles. 2. No pause or interval of repose occurs during the dilatation of the ventricle. 3, The diastole of the ventricles precedes the systole. 4. The diastole is produced with a power and vigor which lead to the supposition that it is a vital active movement, and not simply resulting from the mechanical action of the entering stream of blood. Dr. Paton's experiments were conducted chiefly upon fishes and reptiles.—*Lancet.*

Medical and Surgical Reporter.

S. W. BUTLER, M. D., *Editor and Proprietor.*

PHILADELPHIA, DECEMBER 1, 1866.

THE INTERNATIONAL MEDICAL CONGRESS OF PARIS.

We have received the "*Statutes and Programme*" of the International Medical Congress, to be held at Paris next year, simultaneously with the Great World's Exposition. As there is very little doubt that the Congress will be successful as a means to advance the interests of our science, and to promote the spirit of fraternity, and a cosmopolitan feeling among the profession, we hasten to lay before our readers the Statutes and the Programme, so that those who desire to attend the Congress—and we hope the United States will be largely and ably represented—can form a precise idea of its objects and scope:

Art. 1. A Medical International Congress will be opened on the 16th of August, 1867, under the auspices of His Excellency the Minister of Public Instruction.

Art. 2. The Congress, exclusively scientific, will be in session two weeks.

Art. 3. The Congress will be composed of original, home, and foreign members.

The original members shall be the French physicians, who become such on application to the Committee on Organization; the subscription fee will be fixed at 20 francs.

The adjunct members shall be those foreign physicians who communicate their willingness to attend, to the Secretary-General (Doctor Jaccoud, No. 4 Rue Drouot, Paris). They shall be exempt from all pecuniary contribution.

Art. 4. The members of the Congress, both home and foreign, shall alone have the right to take part in the discussions.

Art. 5. The work of the Congress shall consist in:

a. Communications on questions proposed by the Committee.

b. Communications on subjects foreign to the programme.

Art. 6. The Committee have decided on the following programme:

I. Pathological anatomy and physiology of tubercle. Tuberculization in different countries, and its influence on general mortality.

II. General accidents which cause death after surgical operations.

III. Is it possible to propose to the various governments any efficient measures to restrain the propagation of venereal diseases.

IV. The influence of the ordinary alimentation peculiar to different countries on the production of certain diseases.

V. The influence of climate, race, and different conditions of life on menstruation in different countries.

VI. The acclimatization of European races in warm countries.

VII. On entozoa and entophytes which may be developed in man.

Art. 7. Members, both home and foreign, who desire to make a communication on any of the questions of the programme, or upon any other subject, are requested to address their communication to the General Secretary three weeks or sooner (July 26th) before the opening of the Congress. The Committee will decide as to the time and order in which they shall be brought before the Congress.

Art. 8. The sessions of the Congress will take place daily, Sunday excepted. They will be held alternately during the day, and in the evening. The sessions during the day will last from 2 to 6 o'clock, P. M., the evening sessions from 8 to 10 o'clock.

Art. 9. No question shall occupy more than one session, and the order of business will be regulated as follows: 1. Lecture on the questions of the programme; 2. Discussion; 3. If time permits, communications of miscellaneous essays. The evening sessions will be exclusively devoted to these.

Art. 10. A maximum of twenty minutes will be accorded to each reading.

Art. 11. At the first meeting the Congress will nominate its Bureau, which shall consist of a President, Vice-Presidents, a General Secretary, and Recording Secretaries.

Art. 12. After the conclusion of the Congress, the Committee on Organization will resume its functions, to proceed with the publication of the Transactions of the Congress.

Art. 13. All *Memoirs* read before the Congress shall be handed over to the General Secretary after each session. They are the property of the Congress.

Art. 14. Students of medicine will receive Cards of admission, but they cannot take part in the deliberations.

From this Programme it will be seen that the working of the Congress has been considered in all its details, and if we consider the wide but exceedingly practical scope of the scientific questions proposed for discussion, not only can we

expect a most interesting meeting of eminent physicians of various countries, but also valuable contributions to science.

The time, too, selected for the assembling of the Congress is favorable. We have no doubt that not a few of our leading American savants will make their usual yearly dog-day-trip to Paris. All that is necessary to do is to communicate your willingness to become a foreign, or "adjunct" member, to the General Secretary, as indicated in *Article* 3.

We intend to refer to the subject again, and especially in connection with the subjects selected for discussion. They are all of a nature deeply interesting to the American Physician.

QUACKERY IN THE PROFESSION.

There are many mean practices resorted to by the genus quack to obtain practice, at the expense of the honest, straight-forward, unassuming, modest, professional gentleman. There are a hundred little sneakish tricks, which are never exposed, because practised in the dark, and which some professional men may be guilty of, and yet retain a certain status of respectability in the profession, particularly if they be successful in their sordid aims.

But of all mean practices, of all gross insults to professional decency and honor, the practice of "puffing in newspapers, of allowing one's name to be inserted in the local columns of a paper, by a friendly "penny-a-liner"—in connection with some "interesting case," or "great operation," or "successful operation," or "shocking accident," is about the meanest. It is a direct violation of the code of ethics.

This practice, we are sorry to say, is but too common, and not only winked at by many men who assume professional respectability, but by some, courted.

Witness the following item which appeared a few days ago in the columns of a daily paper in a neighboring city:

"Successful Surgical Operation.—Dr. ——, of this city, assisted by Dr. ——, and Dr. ——, successfully removed an ovarian tumor from the abdomen of a lady in this city yesterday afternoon, which weighed fully forty pounds. The operation was witnessed by a number of eminent medical gentlemen. We learn that the patient is doing finely this morning, and that the highest hopes are entertained of her ultimate recovery."

Charity obliges us to suppress the name of the individual in whose favor this "puff" appears, which bears intrinsic evidence of his having furnished the data upon which it is based, if not of having penned it himself. We quote this only as an instance of many, with a strong appeal to the profession to frown down this contemptible tendency to quackery in the profession.

People who are interested in any particular case of medical or surgical disease among their friends, will know and hear all about it without the case being paraded in a paper. What then is the object of such items? To "puff" the Doctor. There is a very simple remedy to stop such practices. Let respectable medical societies, by resolution, request the newspapers of their respective districts or cities to omit mentioning the name of any member in connection with any operation, case of disease, accident, etc. We venture to say that editors of newspapers will gladly comply with the request, and neither the public nor the profession will thereby be a loser. But it will force those addicted to the practice in the profession, either to stop it, or to put themselves outside the pale of professional respectability, where they really belong.

Notes and Comments.

Physician's Privileges.

We are informed by the *Chicago Medical Journal* of a recent order of the Chief of Police of that city, by which physicians, to a certain extent, have precedence in crossing the bridges over Chicago River. The Journal remarks:

"It was no uncommon occurrence for physicians to find themselves detained for half an hour at the end of a line of carriages extending an eighth of a mile; thus being obliged to wait not only for the vessels to pass through, but for the vehicles of every description before them to cross, however pressing their calls might be."

Through the recent humane order, physicians have the privilege of going immediately "to the front," and having precedence in crossing, saving much loss of time to themselves and anxiety to their patients. The privilege of the "right of way" in crowded passages, should be generally accorded to physicians.

How True!

In noticing Dr. Flint's "Treatise on the Principles and Practice of Medicine," the Reviewing Editor of the *British Medical Journal*, the official organ of the British Medical Association, says:

"There is abundant evidence, from the references to names with which we meet throughout the book, that Dr. Flint is, besides himself hold-

ing a very high rank among the leading physicians of his country, extensively acquainted with the literature of medicine on this side of the Atlantic—both British and Continental. We are, therefore, heartily glad to see him taking an independent position as the author of such a treatise as that which he has produced, *in a country where, as we think, it is too much the custom to depend on foreign resources in medical literature, and thus to obscure native talent.*"

The sentence which we have italicized speaks for itself. Take, for example, the last number of a bulky American Quarterly Medical Journal, and considerably over one-third of its matter is made up of *foreign* literature.

The Medical Record.

We would call the attention of our readers to the advertisement in another column, of the *Medical Record*, published fortnightly in New York, by Wm. Wood, & Co. The *Record* is edited by Dr. George F. Shrady, who has been long and favorably known as an editor. Many attempts have been made to sustain medical journals in New York, which, from various causes have been allowed to fail. We are assured that the publishers of the *Record*, who are well known and responsible men, do not intend that this enterprise shall fail. It has every element of success, and under the judicious management of the editor and publishers, must succeed. New York with its schools, its hospitals and its medical associations, should *liberally* sustain so creditable an enterprise as the *Record*, which employs the best medical talent in that city, as well as in other sections of the country.

The subscription price of the *Record* is $4 per annum. We furnish the *Record* and the Reporter together for $8 a year.

Correspondence.

DOMESTIC.

Is there a Healthier Place than Newport, R. I.?

Editor Medical and Surgical Reporter:

Enclosed please find an official return of mortality for the period of one month, concerning a place whose inhabitants, during that season, number some fifteen thousand. It needs no comment, but is an additional endorsement of the sanitary blessings of such a locality. If the drainage were better, and the city corporation could be sufficiently aroused to the fact, the question that naturally suggests itself, would be, "Can any die, save by accident?"

If I were the President of a Life Insurance Company, I would charge a high premium to make out a "policy," and positively refuse to enter into any "annuity" arrangement with a Newporter. There are many cripples here; and why? Because, in other places, they die when young; but on this citadel of hygiene, there appears to be sufficient health in disease to ward off death, and prolong even the existence of fragments.

Deaths Reported in the City of Newport, R. I., for the Month of July, 1866.

Whole number, 6. *Sex*—male, 6; female 0; total, 6. *Condition*—married, 1; single, 3; widower, 2; total, 6. *Color*—white, 6; total, 6. *Nativity*—born in United States, 6; total 6. *Parentage*—American, 3; German, 1; Irish and French, 1; unknown, 1; total, 6. *Locality*—deaths in Ward No. 1, 1; do. Ward No. 2, 0; do. Ward No. 3, 2; do. Ward No. 4, 0; do. Ward No. 5, 1; on board of U. S. Ship Macedonian, 1; at Newport Asylum, 1; total, 6. *Ages*—under one year, 2; forty and under fifty, 2; sixty and under seventy years, 1; eighty and under ninety, 1; total, 6. *Causes of Death*—chronic inflammation of urinary organs, 1; consumption, 1; cholera infantum, 1; convulsions, 1; dropsy, 1; old age, 1; total, 6. In addition to the above, one death in another place, and one still-born were reported here.

Benj. Marsh, 2d., City Clerk.

Very Respectfully,

Samuel W. Francis, M. D.

Nov. 24th, 1866.

Fœtus Carried more than Thirteen Months, during Nine of which it was Dead.

Editor Medical and Surgical Reporter:

The following case occurred in my practice several years since. I do not remember to have seen a similar case on record.

Was called, April 19th, 1855, to attend M. T., in her fifth or sixth labor. On arriving at the house, found she had just been delivered, of what her nurse could not ascertain the nature. Examined and found the secundines had been expelled whole, and when opened, they disclosed a fœtus of from the fourth to the fifth month, that had the appearance of having been dead a long time.

On inquiring of my patient the probable cause of her abortion, she gave me the following history of her case: About the first of March, 1854, she ceased to have her regular catamenial discharge, and had the usual symptoms of being enceinte, and expected to be confined in the following December. The symptoms continued up till about the last of June, when she received a slight injury, and from that time till the time I was

called to attend her, she ceased to enlarge, or to have any manifestations of life in the fœtus.

If her statement is true, and I have no good reason to doubt it, she must have carried a fœtus in her womb for more than thirteen months—nine of which it was dead—without any detriment to her health, other than that produced by anxiety of mind as to the true nature of her condition. She recovered without any bad symptoms whatever, and was able to attend to her household duties as early as is consistent with the best recoveries in parturition.

The bony structure of the fœtus was very much softened, though the flesh was not decomposed.

G. W. Parvis, M. D.

Long Marsh, Md., Nov. 22, 1866.

News and Miscellany.

Horrible Mutilation by Savages.

Andrew Brockmann, one of the victims of the Indian massacre at New Ulm Mountain, in 1863, has arrived at Buffalo. He experienced the torture of seeing his cabin burned, and his wife and four children murdered before his eyes, and was then horribly mutilated—his tongue cut out, hamstring severed, his fingers cut, his hands maimed, and his scalp torn reeking from his head, which had previously been perforated with three bullets; but despite these wounds, the unfortunate man survived, and was carried to Salt Lake City, where he has remained in hospital for three years.

Organic Remains.

Among the passengers recently at St. Louis, by steamer from the Upper Missouri river, was an agent of the Smithsonian Institution at Washington, D. C., in charge of a large number of petrified organic remains for the Smithsonian Institute and the Philadelphia Academy of Natural Science.

The collection, which comprises over three hundred different kinds of small animals, extinct and living, together with bears, etc., of mammoth size, was made in Dakotah Territory, near the head of White river, by Prof. Hayden.

—— Poisoining by Arsenical Ointment.—The *British Journal* reports a case in which a verdict of manslaughter was returned against an "Herbalist" and "Cancer Curer." He had treated a "cancer-tumor" by arsenical ointment. The patient died under symptoms of arsenical poisoning, and the post-mortem examination and chemical analysis, by Prof. Taylor, confirmed the suspicion.

—— The *Boston Med. and Surg. Journal* states that a French physician recently became the legatee of the great bulk of a distinguished patient's fortune, but the French tribunal has decided that doctors who shall have attended a person for the illness of which he dies, are incapable of receiving any legacy made in their favor during the progress of that malady.

Army and Navy News.

NAVY.

List of changes in the Medical Corps of the Navy, during the week ending November 24, 1866.

Surgeon J. D. Miller, detached from the Naval Medical Board at Philadelphia, and ordered to the U. S. Ship Rhode Island, as Fleet Surgeon, North Atlantic Squadron.

Surgeon Thomas J. Turner, detached as Recorder, and ordered to duty as Member of the Board of Examiners at Philadelphia.

Surgeon E. R. Denby, ordered to duty as Recorder of the Board of Examiners, Philadelphia.

A. P. A. Surgeon G. L. Simpson ordered to report by December 1st, for duty on board the U. S. Ship Gettysburg.

MARRIED.

Corson—Livingston.—November 20, by the Rev. William H. Furness, in Philadelphia, Dr. Ellwood M. Corson, of Norristown, Pa., and Margaret Livingston Wilkeson, daughter of Samuel Wilkeson, of New York.

Dunphe—Millett.—In Bridgewater, Mass., November 18, by Rev. Mr. Silloway, of Boston, assisted by Rev. Mr. Angier, of Milton, Mr. N. Frank Dunphe and Miss Susan B. Millett, daughter of Asa Millett, M. D., both of Bridgewater.

Hutchinson—Pierce.—In Tyngsboro', Mass., November 15, by Rev. George Osgood, assisted by Rev. S. Barber, William H. Hutchinson, of Gallipolis, Ohio, and Miss Sarah T., daughter of the late Aug. Pierce, M. D., of Tyngsboro'.

Jenkins—Pearce.—In Brooklyn, Nov. 21, at the Ormond-place Church, by the Rev. J. Clement French, assisted by the Rev. Jacob West, Augussus G. Jenkins and Susie A., daughter of John Pierce, M. D.

DIED.

Hayward.—In Plymouth, Mass., November 17, Mrs. Joanna (Winslow) Hayward, widow of the late Dr. Nathan Hayward, aged 93.

Miller.—In Hagerstown, Md., November 11th, Hager, infant son of Dr. John E. and Kate H. Miller, aged 2 months and 17 days.

Newkirk.—At Bridgeton, N. J., November 11th, Dr. N. R. Newkirk.

METEOROLOGY.

November,	12,	13,	14,	15,	16,	17,	18,
Wind.....	N. W.	N.	N. E.	E.	W.	W.	W.
Weather.....	Clear.	Clear.	Cl'dy.	Cl'dy. Rain.	Clear.	Clear.	Clear.
Depth Rain.....				7-10			
Thermometer.							
Minimum.....	40°	20°	33°	36°	38°	33°	36°
At 8 A. M.....	48	43	41	56	49	44	46
At 12 M.....	54	50	52	60	50	50	52
At 3 P. M.....	55	51	53	58	51	51	53
Mean.....	49.25	43.50	44.75	52.50	47.	44.50	46.75
Barometer.							
At 12 M.....	30.2	30.4	30.4	30.	29.6	29.9	30.1

Germantown, Pa. B. J. Leedom.

REAL ESTATE COLUMN.

FOR SALE.

A Rare Opportunity.

The subscriber, residing in the thriving City of Lockport, N. Y., with a population of about 15,000, being about to retire from a practice worth about $3,000, will dispose of lease of office furniture, instruments, and good-will, for the sum of $500 (not much more than half of first cost), to a successor of some experience, ability, and character, and posted in modern medicine—such as I can conscientiously recommend to my patrons.

A house and lot furnished if desired. Possession given immediately.

509— WM. S. BABBITT.